AZ HIPAA Medicaid Consortium

Oct 29, 2003
2:00 PM to 4:00 PM
AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Lori Petre, AHCCCS

Attendees:

(Based on sign-in sheets)

ADHS/BHS	AmeriChoice	MCP & Schaller Anderson
No Rep	*Ramkumar Manakal*	*Cathy Jackson-Smith*
AHCCCS	*Jim Drab*	*Anne Romer*
Kyra Westlake	APIPA	*Art Schenkman*
Bruce Jameson	*Lucy Markov*	Maricopa Health Plan
MaryKay McDaniel	*Sean Stepp*	No Rep
Linda Stubblefield	*David Wormell*	Pinal LTC
Tom Forbes	Care 1st Arizona	No Rep
Brent Ratterree	No Rep	PHP
Carrie Stamos	CHS	*Joanne Ward*
Deborah Burrell	*Anna Holland*	*Greg Lucas*
Mary Langan	*Susan Speicher*	PHS
Dan Lippert	CIGNA	No Rep
Frank Straka	No Rep	UFC
Dennis Koch	DES	*Kathy Oestreich*
Mariaelena Ugarte	*Major Williams*	*John Valentino*
Jim McManus	*Marcella Gonzales*	*Eric Nichols*
James Nystedt	*Nicole Yarborough*	Verizon
Matt Furze	Evercare Select	*Marsha Solomon*
	Bill Klassy	Yavapai County
	Jane Fowler	No Rep
	HCA	
	Paul Benson	
	Carol Smallwood	
	Mike Uchrin	
	Ethan Schweppe	
	HCSD	
	Michael Wells	
	I.H.S.	
	Charolett Melcher.	

1. Project Schedule Update (Lori Petre)

Congratulations! October 16th was a pretty smooth transition.

Milestones are attached. There are very little changes, none of significance, at this time.

The Website is updated once a week to ensure you have the current dates.

As we go forward we will focus on the dates associated with the encounter process.
We did implement our FFS providers for the 837 and 835 processes on schedule.
We held 270 and 276 processes. We did not have many external trading partners testing these and would like more testing prior to rollout.
We are providing CMS a status weekly; let me know if you would like to receive what we report to CMS as well.

2. Implementation Status 834/820 (Lori Petre)

Reminder: If you are a health plan that is in production with the 834 and 820, please call the helpdesk to generate a ticket. If you are a health plan that is in test, email the AHCCCS workgroup.

For those working on a contingency we have been following up with you individually and no issues have arisen there.

A handout is included that is a memo from Frank Straka to Nancy Mischung, which outlines the general service level for 820 delivery that we will aim for.
Any questions please let us know.

The final 834/820 companion guide is also in your package. It is no longer marked draft, but as questions or clarification are needed this document will be maintained with that data and updated as different versions of the final.
The companion guide will be on the website by Tuesday.

Q: We found changes needed in the mapping?
A: As issues are found then the mapping spec changes and/or the companion doc are updated in a timely manner.
We follow a defined trail for all documentation changes.

Q: We got a change that we did not know about it all, when we asked what the change was it was about a week and half after.
Therefore our contingency status report will appear as if we did not get a lot done.
A: We had only one contact listed for your plan that caused some disconnect. We expect that will not happen again.

Next handout is an email that was sent the 10th of October.
In this email we identified the first set of three changes that were significant enough for us to go ahead and make.
We do not want to introduce too many changes since some are in production and others in test.
Nancy and I assess the criticality of problems that arise for the 834 and 820.
We came up with this 4-week process. We will try to notify you at least 48 hours in advance when something is put in the test environment.

Per your feedback we will look at the level of explanation provided and decide is there is a need of examples for each issue.

The Action Code list is another handout provided that needs to be shared with all programmers. The changes are in bold.
Q: Are you going to give us the pregnancy code changes?
A: It is AI No reason given for maintenance reason for Pregnancy. It will also be for TPL.
You will need to look at the 2300 loop.
Q: And the diagnosis code?
Action Item: Mary Kay will take it off since it is only valid for end stage renal disease.

There was a delay in getting the 820 started up in test; they are now running on a weekly basis.

Even if you are a plan in production, you do have test files out there.

3. Follow-up Items (Lori Petre/Brent Ratterree)

Local Codes (Brent Ratterree)
We had a few codes that were still an issue from the mapping document. Such as Transportation for Ambulatory Mileage and Urban stretcher mileage.
Action Item: Will be sent out after the meeting.

The crosswalk table is out on the website with the exception of only three codes not crossed one personal care code and two transportation codes.

Issue identified by DHS regarding provider profile.
Action Item: Lori will follow up on this piece, the coding is ready.

Data Certification (Lori Petre)
We do not have anything new on the acknowledgement piece about data certification.

Other (Lori Petre)
We finalized a crosswalk with the subcapitated codes. Handout provided "Contract Information Crosswalk".

The left column shows the current subcapitated code. The contract info is what it would map to using the HIPAA logic and codes.
There are other codes out there as well to report a flat rate or percentage.

This crosswalk is what we do currently to what we expect to do in the future.

Any questions please email the HIPAA workgroup.

Q: Are you going to give us the capitated service piece?
A: We are not capturing that information. When you report that to us, since a provider has several contracts with different plans, we cannot apply this to his file.

Acknowledgements (Lori Petre)
Reminder: The health plans that are in production, we expect to receive acknowledgement for the 834/820 files that are sent to you. We will also report any issues back to you.

4. Other (Lori Petre/Brent Ratterree)

Open issues/action items that we have noted over time from these meetings will be reviewed to ensure that they were adequately responded to.
These will be discussed at the beginning of the Consortium meetings, from one meeting to the next.

Meetings for November and December will be quite busy.
There is a meeting on the 10th of Dec., then one on the 31st of Dec.
Should we forego that meeting or reschedule?
Please email and advise what you would like to do.

The consortium meetings are scheduled to go 60 days post implementation after encounters. We have decided that HIPAA will not go away, changes continue, and we have found this to be a good forum and the communication we extend to you and are able to receive from you. We were thinking about continuing a consortium after HIPAA.
We do not want this level of communication to go away.
Please think about this and let us know your thoughts if you would like to continue.

5. Continued Encounters Discussions (MaryKay McDaniel)

997 Functional Acknowledgements:

The 997 is considered a transaction we need a functional group wrap. It must be sent with an ISA not at the SE level.
We are getting 997s without the enveloping structure.
TA1 is coming out. Eric is doing some router mapping so we can combine both TA1's. In the future you will receive these. The TA1 will tell you that we do not know who you are and what you are sending. We only know what file it came from.

Control Number Notes:

There is another handout Control Number notes.
We are getting duplicate control numbers and will be sent back.
AHCCCS requires that ISA13 be different, we cannot accept 00001 on all files.

Same way with the functional group numbers within the control, they need to be different as well.

We encourage you to make them different because the 997 uses this number and will help you identify the file it is acknowledging.

824 Implementation Guide Reporting:

837 if a patient loop is received then we will send an 824 back.

All of our examples show our transactions sets left justified.

This is what it would look like.
Next page is for easy reading only.

You will receive on the 824 the actual HL that indicates it is a patient control loop.

A patient loop is present and is not allowed for encounter reporting. It will not stop at the first one so if there are more errors you will receive this for each error.

The 824 is a 4050 version.
It was finalized and put to publication.
Drafts are free but finals are not.

Washington Publishing was called and they provided proofs for AHCCCS. AHCCCS then purchased the final version.

The only addenda for NCPDP was in a write up were they are allowing three other pairs of something. We do not know if there is an addenda published.
In HIPAA law the original rule had the batch 1.0 which does not support 5.1, then they did the batch 1.1 to support the 5.1 telecommunication standard. The 5.1 itself was not changed.
NCPDP has two standards that we are using, 5.1 Telecommunication; the other is the Batch standard:
5.1 middle piece (transaction set) did not change
5.1-telecommunication piece is what changed.
A health plan assures that a change has been done. An example will be sent by the health plan to the HIPAA workgroup.
NCPDP has counts rather than loops. In the COB they have 99.

Next big topic is more than 99 lines on the institutional claims.
One plan has had 3 cases, another 1 and another 3-6.
Q: Can you process more than 99 lines?
A: Yes.
What we are looking at from an encounter perspective how often are we looking at encounters with more than 99 lines?
We are assessing what is most cost affective way to address this issue.
These cases seem to be dialysis or chemotherapy.

Q: Encounter has a 131-bill type, second line has a problem, and do you accept this?
A: Yes, if it is syntactically correct. It will be pended back to you through the normal process.

Q: What if I resubmit?
A: For an adjudicated encounter then you need to go through the void and replace process, if it is a pended encounter it needs to be deleted and then replaced.

If an original claim has a problem with any line it is not finalized, it is then considered pended and needs to be deleted and resubmitted.

If it is finalized, then you will use the bill type with the void and replace. The process is the same as today.

For deletes they are done via the pend correction file.

Example:
Enc – Final (adjudicated) – Void/Replacement (this is all handled on New day since it is final).

Enc – Pend – Delete/Resubmit (there is an action code that you would use to delete and then resubmit as a New day.

If you are replacing it with a corrected encounter you have to delete it.

Q: Has that format changed at all?
A: The pended file has not but the final has.

Action Item: A draft encounter manual will be sent prior to the next consortium.

Q: Billing provider is required to have a tax id or SSN, why can't we get the tax id on the provider file?
Action Item: We will take a look at the request for provider tax id on the provider profile reports.

Meeting adjourned.

Next meeting is currently scheduled for November 19th.

(Meeting was rescheduled to December 4th)

Meeting adjourned.